

**ALABAMA MEDICAID AGENCY
PHYSICIANS' TASK FORCE MEETING
March 28, 2013
Board Room 1:00 pm – 3:00 pm**

Members Present

Drs. Robert Moon, Melinda Rowe, Don Williamson (telephone), Marsha Raulerson, Robert Smith, Wes Stubblefield (telephone), Rao Thotakura (telephone), Dave Johnson (telephone) Steven Baldwin (telephone); Linda Lee, Jeffery Arrington, Cary Kuhlmann (telephone), Kim Eason (telephone), Sylvia Brown (telephone), Dana Garrard (telephone), and Laura O'Conner (telephone)

Medicaid/HP Staff Present

Desiree Nelson, Mary Hasselwander, Theresa Richburg, Gary Parker, Sharon Moore-Grimes, Jacqueline King, Kelli Littlejohn, Angela Williams, Cyndi Crockett, Kathy Hall, Ozenia Patterson, Ron Macksoud, Paul McWhorter and Nancy Headley

Welcome and Review of Minutes

Dr. Rowe welcomed everyone and thanked them for their attendance. The minutes from December 5, 2012 meeting were reviewed. The minutes were then motioned and approved.

Patient Care Networks of Alabama (PCNAs) Medical Director Reports

North (Dr. Thotakura)

Opportunities

The Network has been very active with integration and collaboration of providers including primary care providers (PCP), community mental health providers, public health specialist, local hospitalists, and other agencies in the community and social service networks to enhance services to our targeted population. The Medical Management meetings are held quarterly with PCPs and nurse practitioners to discuss policies, data, treatment concerns, best practice guidelines and daily issues. Medical Directors also are interacting with individual providers to review individual concerns and discuss Network objectives. The Network also conducted CME programs, the latest being ADHD which was presented four times at different medical management meetings and was well attended. We incorporated the Healthy Lifestyle Initiatives. We hired two licensed registered dietitians to attend to approximately 100 referrals that came from the PMPs. The dietitians will make home visits and teach healthy lifestyle classes. Healthy Lifestyle classes are for kids and caregivers and consist of an 8 week, two hour interactive course that covers meal planning, cooking and exercises. There have been 55 referrals from PCPs and there are 16 active members enrolled in the program. Healthy Lifestyle camps are planned for the summer; community leading will be trained and used to conduct workshops on dietary principles, reading food labels, healthy eating, healthy moments, healthy meal planning, etc. This will be a 5 day, 4 hours per day camp that will include all the counties in the network. A Nutritional toolkit has been developed and will be made available to physicians to educate the patients as well as the parents. Mental Health Initiative, still at the beginning stage, just procured equipment and will have the host and client equipment installed at the 3 mental health centers to provide emergency psychiatric care for patients that need immediate access (e.g. like 24 hour access). The current Asthma Action Plan and Diabetic Action Plan Initiatives are ongoing. Newborn Initiative, the mothers are visited in the hospitals to make sure they have the pediatrician appointment and follow-up postpartum visit appointment before being discharged. The Flu Shot Initiative was a success.

Challenges

Emergency room utilization for non-emergencies is a challenge. The Network has tried to educate the providers as well as the patients but not sure we are getting the desired results. May need to consider non-payment for the visit or implementing a token co-pay, this may deter some of the visits. Many PCPs are complaining that patients are assigned to them but they go to someone else. Perhaps we should focus on how to streamline the assignment process so that patients will go to their assigned PCP; may be helpful to get more input from the patient before the assignment is made. Another challenge is case management of patients who are prescribed multiple medications from different providers (PCPs, ER, or specialist).

East (Dr. Stubblefield)**Opportunities**

One of our biggest challenges concerned getting links to our global hospitals completed. The Network is in the process of getting business agreements signed with both the Medical Center in Columbus and Bullock County Hospital. This will give the Network a total of 6 hospitals for our 7 county region. This will allow the Network to build inpatient and ER lists for follow-up and care transition for the patients. The latest topics in the Networks' Medical Management meetings are Pediatric Hypertension and Pediatric Obesity. The Network had some additional funds that were used to purchase blood pressure monitors and oxygen saturation monitors for physician practices. To make sure they were being used appropriately the Network also distributed information and literature on appropriate treatment, screening, diagnosis and algorithms for both adults and pediatric hypertension. The Network is beginning to working with different communities on childhood obesity issues. So far, both the equipment and initiatives have been a success in two local communities, Alexander City and Valley. We continue to have excellent feedback from our physicians on reports received from Medicaid. The Network is currently using the data from Medicaid to generate lists of outdated EPSDT screenings. Our hope is by giving these lists to our primary care providers and encouraging them to call patients in for preventive office visits will result in decrease of unnecessary ER and outpatient visits. The Network has identified best practices in EPSDT screenings and is using those offices as an example for getting other practices to keep their patients screened routinely to avoid unnecessary outpatient visits. The Network has hired one community health worker who is responsible for completing transportation forms and arranging other types of transportation arrangements such as gas cards. This effort has decreased the no show rate in the Network, in February, 61 Patient 1st patients received transportation to appointments. The Network now has direct messaging so that PHI can be shared by e-mail. The biggest success involves issues with feedback from Children's Hospital and their clinics; through communication with Children's Hospital and their clinics, the Network has been asked to present grand rounds to all department heads at Children's Hospital the 1st week in May.

Challenges

Access to PCP (panels are full), especially in rural counties for the adult population; Working with the provider community toward being more accepting and involved in the Network.

West (Sylvia Brown)**Successes**

The Network is providing diabetic education via telemedicine in Sumter County to diabetic patients, 2 classes have been completed. A1C was checked at the start of the program and will be checked in 6 months and every 6 months following. Patients were very excited and the classes had very good attendance. The Network received the Chronic Disease Health Management Program grant from ADPH. The grant is for adults and disabled adults with chronic conditions to complete a self-management

educational program to mainstream or improved their health status. The funds from the grant will be used to train lay leaders to go out to the community and provide group classes for patients on the advantages of self-management of their chronic diseases. We are hosting a meeting for diabetes called "Removing the County Lines replacing them with Lines of Communication", the purpose is to meet and greet and collaborate with others in the Alabama Black Belt area that are working on diabetics initiatives. Many physicians, hospital, universities, student organizations, and businesses are involved in different projects related to education and care for diabetic patients. The meeting will bring together representative from all these groups to share information. This event is to be held on April 24th, at the University Of Alabama Institute Of Rural Health from 9-1. Another success for us is the Newborn Program. Last year, the Network noted a problem with a shortage of primary care doctors accepting new patients in Tuscaloosa therefore babies were being born without an assigned primary care doctor; we had babies showing up in the ER for 2 week check-ups and showing up weeks later without having any immunizations. After researching and finding out what was happening, the Network met with DCH, Alabama Health Network Maternity Program in Tuscaloosa, and PCPs to come up with a solution. The hospital allowed us to place a social worker in the nursery to meet with the moms and assist them with appointments and make sure the PCP they selected were taking new patients. The social worker attends first appointment with the mom and the baby; today, due to the success of the program there is a 98% appointment rate and no baby in the program has been seen at DCH ER. Another success is the Med Net West PAC Program, Partnering to make A Change. The Network partnered with West AL Mental Health to see clients that needed mental health services. One of the barriers for West AL Mental Health was that they did not have enough open slots to see patients that needed to have immediate mental health appointments. The Network has contracted with a local psychiatrist for 4 hours a month to see those patients. Also, the Network is working with the University Of Alabama PHD Program to add two psychology students to the Network in May.

Challenges

Shortage of PMP; inability to provide enough data to providers; mental health outpatient services in our area; and uncertainty about what is going to happen to Medicaid.

Sylvia, will contact Gary Parker after the call about data sharing issues.

Gulf Network (Laura O'Conner)

Dr. Uzoije submitted a letter of resignation due to his clinic schedule and time commitment. The Network is currently recruiting for a new Medical Director during this transition.

Successes

Completed staff recruitment and have staff in place. Have begun working within provider offices to work with patients. The Network went from 12 cases in November 2012 to actively managing 212 cases currently in March 2013. The goal was to actively manage at least 200 cases; they are thrilled to have exceeded the goal. Currently the major success is with two nurses working with the transitional program covering four hospitals, University of South Alabama, USA, Children and Women Medical Center, Providence and Mobile Infirmary. Being the region's area for referral a third nurse will be added.

Challenges

Challenges of a new start up

Questions for Gulf Network

Academy of Pediatrics (Linda Lee) – Are there any opportunities for Physicians to get involved with the leadership of the network?

Answer (Laura) – There are currently no positions available. Laura will contact Dr. Ford for follow up.

Dr. Williamson

Senate Bill 340 (SB 340) Concerns

Legislature is intent on having a more finite and predictable budget. The aspect of a commercial managed care plan is the way to get there by some people. However, this has been met with disagreement by the provider community. SB 340 attempts to convert the Governor's Task Force recommendation into legislation, however, this is not a perfect process so there are many opportunities for modifications, corrections and amendments. The State of Alabama's default position is to go into community based networks that will be different from the PCNs because they don't bare full risk whereas ultimately the goal in these regional care organizations is to transition from a fee for service model with additional dollars for wrap around services to a capitated amount per member per month basis. The plan is to begin the creation of those by October 1, 2013. Five to eight regions in the state will be divided so that they are capable of sustaining two commercial managed care plans in each region in case the RCO fails. Being that in a region you have to have two commercial plans, this limits the number of regions one can have. Once the regions are created by October 1, 2014, an approved governing structure must be in each of the regions. By April 1, 2015, the regions have to have provider networks. By October 1, 2016, they have to be able to bare risk and accept capitated reimbursement. The plan is to create these networks and the region care organization would be the first to manage the patients. If they are unable to be formed or if they are formed but then fail, then the state would have an opportunity to step in and implement something other than a regional care organization. Currently we have four primary care networks around the state and don't need legislative approval to create primary care networks. Legislative approval is needed for regional care organizations so they won't be defined as insurance companies. In order to not violate federal or trust laws, the state agency must be involved. Dr. Williamson added an "any willing provider clause" to SB 340 because he was concerned about having too few providers and wanted to make sure any hospital wanting to participate has the opportunity to do so.

The reason for change is the legislature seeing an opportunity to cap spending by Medicaid in 2017 on a per member per month basis to shift the risk from legislature to third party providers.

Challenges

Governance, solvency standards and requirements, money to fund the risks, and ensuring anyone who provides capital is represented

Risks – Providers putting up their own money, agreeing to see patients without a future promise of getting paid, and only agreeing to treat Medicaid patients if the provider will be paid.

Dr. Williamson is certain there will be an opposite response on governance.

Questions for Dr. Williamson

Dr. Raulerson – Is there any system anywhere that primary care physicians, particularly family practice and pediatricians have to bare the risk for Medicaid patients? Is that system in effect anywhere? Dr. Williamson – There may be but I don't know.

Sylvia (West Alabama) – Will the five regions be an expansion of the current network and will they resemble one another? Dr. Williamson – I envision the transition from where we are now to where we want to get to in 2017 being based on using existing PCNs.

Linda Lee – What is the timeline for amendments to this bill? Dr. Williamson – Friday, March 29, 2013

Sharon Grimes-Moore (Medicaid)

Primary Care Rate Increase

The State Plan Amendment (SPA) was submitted to CMS January 2013. Medicaid received feedback in February 2013 with a list of questions that were answered and resubmitted to CMS March 2013. We are currently waiting on the SPA to be approved. A Provider Alert was sent through our website and letters were also sent at the end of February to all primary providers with the specialty of pediatric, family practice, and internal medicine regarding qualification for the primary rate increase. Providers will have to self-attest to being board certified or having at least 60% of their services being provided to Medicaid recipients in 2012, for the evaluation and management codes or for vaccine administration codes. To date, we have received over 800 applications; deadline is Friday, March 29, 2013. However, applications will be accepted through next week April 1-5, 2013. After this deadline, if an application is received, the active date will be the date HP entered the application into the system. There will be no retroactive dates.

Gary Parker

Presentation will be sent by e-mail per Dr. Rowe.

Jackson Hospital is now live and fully connected to one health record. To this date, they have done 56 queries on the exchange. With other pilot programs, UAB is in the final stages of testing and should be connected in the month of April. Baptist Health in Montgomery is progressing with testing. Plans are to speak with CIO to check status. East Alabama Medical Center in Opelika visited on March 29, 2013, with start date to be determined. Within the last several weeks, there has been an increase in the number of entities signing up that were training for Direct Secured Messaging (DSM). DSM is the web portal capability for providers to exchange PHI without an encryption email system with One Health Record.

Gary will tour North Alabama in the month of April to train and educate network providers. One of the goals through SEARCH is to implement a connection plan for south eastern states through a direct connection for disaster preparation for the June 2013 hurricane season. Staff is working with a couple of EHR vendors to meet standards of exchange in Alabama. Plans are also to get rural hospitals connected.

Dr. Moon

Dr. Moon addressed direct messaging and secure email to clarify concerns of language and interoperability. Information stored consists of encountered data, labs, and diagnosis. Eventually the CCD will be the primary exchange of correlational care. Children's Hospital anticipates production testing in April of 2013. Huntsville will be ready in June of 2013.

The Medicaid Oversight committee has been meeting to discuss ways to improve Medicaid. Information presented on recommendations to move Medicaid to a system of regional care organizations can be found in report on website. The Governor's Commission met and published a report on Jan 31, 2013. The full report is available on Medicaid's website. To enact the legislation requires an 1115 waiver with CMS. A lengthy process of at least one year is anticipated. (See handout)

Dr. Moon – How must a provider pay to connect to the HIE?

Gary – There is no fee.

Dr. Moon – The fee is from the charges from the vendor.

Kelli Littlejohn

An Alert was released the week of March 18-22, 2013 regarding Drug Enforcement Administration (DEA) edits. Dr. Littlejohn reminded the group to have their DEAs registered with the Department of Justice. Medicaid deadline for submission is May 1, 2013. Instructions were given in the Alert with contact information. This action is required by federal law for DEA validation of controlled substances. If not registered by the deadline, claims will be denied as of May 13, 2013. Pharmacy is working with the Department of Mental Health to change legislation on controlled substances and a prescription monitoring program so that Medicaid will have access to this data for billing purposes. Medicaid is also working with a stakeholder group-a task force led by Governor Bentley against controlled substance drug diversion.

Next Meeting June 26, 2013

Recorded by:
LaShondra Lewis

LaShondra Lewis
ASA II, Medical Support Programs

9/26/2013
Date

Reviewed by:
Theresa Richburg, RN

Theresa Richburg
Director, Medical Service Division

9/26/2013
Date

Approved by:
Melinda Rowe, M.D.

Melinda A. Rowe, MD
Assistant Medical Director, Health Systems

9/23/13
Date